|   |  |   |                                       |                                     |                                       |  |               | Application or Docket Number |       |                     |                        |  |
|---|--|---|---------------------------------------|-------------------------------------|---------------------------------------|--|---------------|------------------------------|-------|---------------------|------------------------|--|
|   | PATENT A                                       | RD  | 1:0                                   |                                     | DAI                                   |  |               |                              |       |                     |                        |  |
|   |  | Effect  |                                       | CIS                                 | $\underline{\mathcal{V}}^{\emptyset}$ | \ U  |               |                              |       |                     |                        |  |
| CLAIMS AS FILED - PART I  |  |   |                                       |                                     |                                       |  | SMALI<br>TYPE | ENTITY                       | 00    | OTHER               |                        |  |
| TO  | PAI CLAIMS                                     |   | (Column                               | 1)                                  | (Colui                                | (Column 2)                                   |               | E FEE                        | OR    | SMALL!              | FEE                    |  |
| TOTAL CLAIMS  |  |   | 15                                    |                                     |                                       |  | RAT           |                              | ,-    | BASIC FEE           |                        |  |
| FOR   |  |   | NUMBER FILED                          |                                     | NUMBER EXTRA                          |  | BASIC         | FEE 385.00                   | OR    | <b></b>             | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 13 minus 20=                          |                                     | * 8                                   |  | X\$ 9         | =                            | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   |                                       |                                     | 6                                     |  | X43           | =                            | OR    | X86=                |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR   | RESENT                                | · · · · · · · · · · · · · · · · · · |                                       | +145   |               | =                            | OR    | +290=               |                        |  |
| * If  | the difference                                 | in column 1 is  | less than zero, enter "0" in column 2 |                                     |                                       | TOTA   | 177           | OR                           | TOTAL |                     |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                                     |                                       |  |               | َ لي                         | OTHER | THAN                |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                     |                                       | SMAI   | LL ENTITY     | OR                           | SMALL |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                       |                                       | HIGH<br>NUM<br>PREVIO<br>PAID       | BER<br>DUSLY                          | PRESENT<br>EXTRA                             | RAT           | ADDI-<br>TIONAI<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| DIME  | Total  | *   | Minus                                 | ##                                  |                                       | =  | X\$ 9         | =                            | OR    | X\$18=              |                        |  |
| MER   | Independent                                    | *   | Minus                                 | ***                                 |                                       | =  | X43:          | =                            | OR    | X86=                | 3                      |  |
| ۷   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                     |                                       |  | . 4 45        |                              | 1     | +290=               |                        |  |
|   |  |   |                                       |                                     |                                       |  | +145          | TAL                          | OR    | TOTAL               |                        |  |
| •   |  |   |                                       |                                     |                                       |  | ADDIT. F      |                              | OR    | ADDIT. FEE          |                        |  |
|   |  | (Column 1)  | <u> </u>                              | (Colur                              |                                       | (Column 3)                                   |               | ADDI-                        |       | · •                 | ADDI-                  |  |
| T B   |  | REMAINING<br>AFTER  |                                       | NUM<br>PREVIO                       | BER                                   | PRESENT<br>EXTRA                             | RAT           | E TIONA                      | II .  | RATE                | TIONAL                 |  |
| DMENT   |  | AMENDMENT   | <u> </u>                              | PAID                                |                                       |  |               | FEE                          | -     |                     | FEE                    |  |
| NO  | Total  | *   | Minus                                 | **                                  |                                       | =  | X\$ 9         | =                            | OR    | X\$18=              |                        |  |
| AMEN  | Independent                                    | *   | Minus                                 | ***                                 |                                       | <u>                                     </u> | X43           | =                            | OR    | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                     |                                       |  | +145          | i=                           | OR    | +290=               |                        |  |
|   |  |   |                                       |                                     |                                       |  | TO            | TAL                          | OR    | TOTAL               |                        |  |
|   |  |   |                                       |                                     |                                       |  |               | FEE L                        | OR    | ADDIT. FEE          |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                     |                                       |  |               | ADD!                         | _     |                     | ADDI-                  |  |
| C   | `  | REMAINING<br>AFTER  |                                       | NUM                                 | BER<br>OUSLY                          | PRESENT<br>EXTRA                             | RAT           | ADDI-<br>E TIONA             | - 11  | RATE                | TIONAL                 |  |
| JEN   |  | AMENDMENT   |                                       |                                     | FOR                                   |  |               | FEE                          | _     | -                   | FEE                    |  |
| ND  | Total  | *   | Minus                                 | ##                                  |                                       | =  | X\$ 9         | )=                           | OR    | X\$18=              |                        |  |
| AMENDMENT C   | Independent                                    | *   | Minus                                 | ***                                 |                                       | ]=   | X43           | =                            | OR    | X86=                |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                     |                                       |  | . 4 45        | _                            | 7     | +290=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                       |                                     |                                       |  |               |                              | OR    | ∥ ₹∠JU=             | 1                      |  |
| * 1   | If the entry in colu                           | mn 1 is less than t   | he entry in colu                      | ımn 2. writ                         | e "0" in co                           | olumn 3.                                     | L             | <u></u>                      | ╣.    | TOTAL               | <del> </del>           |  |
| **  | If the "Highest Nu                             | mn 1 is less than the<br>mber Previously Pomber Previously Pomber Previously Pa | aid For" IN THI                       | S SPACE                             | is less that                          | an 20, enter "20."<br>an 3. enter "3."       | ADDIT. F      |                              | OR    | TOTAL<br>ADDIT. FEE |                        |  |